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Bib Data Sheet

CONFIRMATION NO. 2952

SERIAL NUMBER 10/698,263	FILING OR 371(c) DATE 10/30/2003 RULE	CLASS 711	GROUP ART UNIT 2187	ATTORNEY DOCKET NO. 200311960-1
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APPLICANTS

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** CONTINUING DATA ***** *None MB*** FOREIGN APPLICATIONS ***** *None MB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
01/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
22879

TITLE

Method of determining bounds for minimum cost

FILING FEE RECEIVED 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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